



Novo Super can establish your SMSF for you, and also provide ongoing support in areas of accounting and compliance.

Please select from one of the following options:

I wish to apply for Novo Super Fund Establishment & Novo Super attend to the annual accounting and audit

I wish to apply for Novo Super Fund Establishment only

### Section 1 – Fund Details

Fund Name:

Commencement date<sup>1</sup>:

<sup>1</sup> If the fund has a Corporate Trustee, the commencement date cannot be before the company incorporation date. Unless specifically advised, the commencement date of the SMSF will be the date the fund is established by Novo Super.

### Section 2 – Trustee Structure

Corporate Trustee (Go to Section 3)

Individual Trustees (Go to Section 4)

### Section 3 – Corporate Trustee

Existing Company      Establish New Corporate Trustee (Complete a Company Incorporation Request Form)

Full Company Name:

ACN:

ABN:

Please attach a copy of the most recent ASIC company statement to confirm the Directors and Registered Office Details

### Section 4 – Member/Trustee Details

#### Member/Trustee 1

Individual      Director of Corporate Trustee

Member:    Yes      No

Date of Birth:      TFN:

Title: Mr    Mrs    Miss    Other

Gender: Male      Female

First Name:

Surname:

Address:

Suburb:

State:

Postcode:

Postal:

Suburb:

State:

Postcode:

Email:

Phone: (    )

Mobile:

## Section 4 – Member/Trustee Details (cont'd)

### Member/Trustee 2

Individual      Director of Corporate Trustee

Member:    Yes      No

Date of Birth:      TFN:

Title: Mr    Mrs    Miss    Other

Gender: Male      Female

First Name:

Surname:

Address:

Suburb:

State:

Postcode:

Postal:

Suburb:

State:

Postcode:

Email:

Phone: (    )

Mobile:

### Member/Trustee 3

Individual      Director of Corporate Trustee

Member:    Yes      No

Title: Mr    Mrs    Miss    Other

Gender: Male      Female

First Name:

Surname:

Address:

Suburb:

State:

Postcode:

Postal:

Suburb:

State:

Postcode:

Date of Birth:

TFN:

Phone: (    )

Mobile:

### Member/Trustee 4

Individual      Director of Corporate Trustee

Member:    Yes      No

Title: Mr    Mrs    Miss    Other

Gender: Male      Female

First Name:

Surname:

Address:

Suburb:

State:

Postcode:

Postal:

Suburb:

State:

Postcode:

Date of Birth:

TFN:

Phone: (    )

Mobile:

## Section 5 - ABN Trustee Disclosure

To allow a seamless ABN application please select the relevant trustee type and answer the required questions

### Individual Trustees

Have any of the trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth, or any state, territory or foreign country? Yes No

Has a civil penalty order ever been made in relation to any of the trustees? Yes No

Are any of the trustee an undischarged bankrupt? Yes No

Have any of the trustees been notified that they are a disqualified person by the Regulator (the Tax Office or Australian Prudential Regulation Authority)? Yes No

### Corporate Trustee

Does the company know or have reasonable grounds to suspect that the person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? Yes No

Has a receiver, or a receiver and manager, of the company been appointed? Yes No

Has the company been placed under official management? Yes No

Has a provisional liquidator of the company been appointed? Yes No

Is the company being wound up? Yes No

## Section 6 – Fees and Payment Details (GST Inclusive)

SMSF Establishment (Hard Copy) \$550.00

Corporate Trustee Establishment (Hard Copy) \$880.00

### Payment Details:

Cheque - Please enclose a cheque made payable to «Novo Super Pty Ltd»

Electronic Funds Transfer (EFT): Account Name: Novo Super Pty Ltd

BSB: 063-237

Please quote: Your SMSF name  
(as detailed in Section 1)

Account Number: 1046 5132

## Section 7 – Contact Details (used for delivery and invoicing unless otherwise advised)

Trustee Nominated Representative: Adviser Accountant Other:

Name:

Company:

Address Suburb State Postcode

Phone: ( ) Mobile: Email:

## Section 8 - Declaration

By signing below I, on behalf of the trustees of the Fund:

- Declare that the information provided in the form above is complete and accurate.
- Declare I am authorised to make declarations on behalf of the persons named in this form.
- Instruct Novo Super to provide the necessary documentation to establish the above arrangements on my/our behalf.
- Acknowledge that Novo Super will commence the work after a complete and signed form is received and payment has been made and cleared.
- Authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and the management and administration of the services of which I have applied.
- Understand that Novo Super may disclose my personal information to third parties such as: organisations undertaking the compliance functions of Novo Super's information; organisations maintaining Novo Super's information technology system; authorised financial institutions; and any authorised party.
- Elect that the Superannuation Industry (Supervision) Act 1993 is to apply in relation to the superannuation fund, and understand that the election is irrevocable.
- Authorise for Novo Super to apply for the ABN and TFN on our behalf and to become the contact point with the Australian Business Register.
- Agree that Novo Super has not provided me with financial advice and that Novo Super is not responsible for the investment decisions I/we make and the investment products I/we select to invest in.

Signed:

Print Name:

Date:

## Section 9 – Submitting the Request

You can submit your form via email or post:

A printed and signed copy can be posted to:

**Novo Super**  
**PO Box 115**  
**Collins Street West**  
**MELBOURNE VIC 8007**

A signed and scanned copy can be emailed to:

**forms@novosuper.com.au**

## Contact Us

Postal Address: PO Box 115  
Collins Street West  
MELBOURNE VIC 8007

Telephone: 1300 668 678  
Email: forms@novosuper.com.au  
Website: www.novosuper.com.au



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